

FILED FEB 13 1942

Registration District No.

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Springfield**  
(c) Name of hospital or institution **1347 N. Florence**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **60 years**  
(Specify whether years, months or days)  
In this community **60 years**

3. (a) PRINT FULL NAME **LENA MENZA ENGELKING**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife **August Engelking** 6. (c) Age of husband or wife if alive **Deceased**  
7. Birth date of deceased **August** (Month) **6** (Day) **1851** (Year)

8. AGE: Years **90** Months **5** Days **9** If less than one day hr. min.

9. Birthplace **Unknown Germany**  
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **None**

12. Name **No Record** 13. Birthplace **No Record Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **No Record** 15. Birthplace **No Record Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Christine Engelking**

(b) Address **1347 N. Florence Springfield Mo**

17. (a) **Burial** (b) Date thereof **Jan 18, 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cem.**

18. (a) Signature of funeral director **Whitman**

(b) Address **Springfield Mo**

19. (a) **1-16-42** (b) **Dr W. S. Handley**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**  
(c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1347 N. Florence**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. **65** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **15**  
year **1942** hour **2:15** minute **A** M.

21. I hereby certify that I attended the deceased from **9-18-** 1941 to **1-15-** 1942;  
that I last saw **her** alive on **1-14-** 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized Venous occlusion Total occlusion R leg. 100%**  
Due to **R arm**

Due to

Other conditions **Chronic Myocarditis**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **938**

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **C. E. Feller** (M. D. or other) **U**  
Address **Springfield Mo** Date signed **1/15/42**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*R. H. Hume*

Licensed Embalmer No.

*3681*

P. O. Address

*Springfield, Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.** (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.